

DEPARTMENT OF HEALTH SERVICES

800 3rd STREET, ROOM 100
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 322-1086



CMSP Letter : 01-4
Issue Date : May 30, 2001

TO: ALL COUNTY MEDICAL SERVICES PROGRAM WELFARE
DIRECTORS

SUBJECT: COUNTY MEDICAL SERVICES PROGRAM – CONTACT PERSON

This letter is to request that a contact person be designated and identified for receipt of County Medical Services Program (CMSP) related information. Please provide the name and address of the designated contact person no later than June 15, 2001, and send to:

Office of County Health Services
County Medical Services Program
Attention: Ms. Maria Hernandez
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

This information will be very useful in providing timely information to the most appropriate CMSP contact. This information should also be updated whenever staffing changes occur in your program.

If you have any questions regarding this request, please contact Ms. Maria Hernandez at (916) 327-4842 or e-mail mhernan5@dhs.ca.gov.

A handwritten signature in black ink, appearing to read "Gail Winter".

Gail Winter, Chief
County Medical Services Program